PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Eax

INSTRUCTIONS: This appropriate, All further indicated unless correct maintenance fee notifica	ed below or directed of	for transmitting the ISS ng the Patent, advance of herwise in Block 1, by	UE FEE and PUBLICAT orders and notification of a correct of specifying a new correct of the property of the pr	ION FEE (if requirements fees wis spondence address; a	ed). Blocks I through 5 il be mailed to the curren and/or (b) indicating a sep	should be completed wher t correspondence address a parate "FEE ADDRESS" fo	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
YOUNG & THOMPSON 209 Madison Street Suite 500 Alexandria, VA 22314				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE TEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Table to the same of the same	3. 15 C		, , ,	TO THE PROPERTY OF THE PROPERT		(Depositor's name)	
			PENER	THE RESIDENCE OF THE PROPERTY	THE WAR WAR THE	(Signature)	
EURAMINATURA CONTRACTOR CONTRACTO	THE CONTRACTOR OF THE CONTRACT	**************************************	TOTAL CONTRACTOR CONTR	REMARKAN COLORS OF THE RESIDENCE OF THE	MAKKANIN AAAA MARAA MAKAA MAKAA MAKAA MAAAAAAAAAA	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	VITORNEY DOCKET NO.	CONFIRMATION NO.	
10/576,126 TITLE OF INVENTION CENTRE FOR CARRYS	06/14/2006 N: METHOD FOR ES NG OUT SERVICES	TABLISHING A DIREC	Banno Chatras CT COORDINATION LE	NK BETWEEN A I	0600-1198 FIRST AND SECOND C	5643 ONTROL	
affln, type	SMALL ENTITY	issue fee due	PUBLICATION FEE DUE	PREV. PAID ISSUE I	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/08/2010	
EXAMINER		ART UNIT	CLASS-SUECLASS				
LAEKEMARIAM, YOSEF K		2614	379-355040	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CI Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. CI "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-92 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is N			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. TE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.				
(A) NAME OF ASSIG	NEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
France Telecom Paris, France							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
© Issue Fee Description Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).				
5. Change in Entity State a. Applicant claims	is (from status indicated SMALL ENTITY status		(if necessary) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
***************************************	Publication Fee (if rem	ired) will not be accomed	from anyone other than th	e applicant; a register	ed attorney or agent; or the	e assignee or other party in	
Authorized Signature	Benoît (Castel	Date February 4, 2010				
Typed or printed name Benoit Castel			Registration No. 35,041				
submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	any is governed by 33 application form to the application form to the as for reducing this burd ginia 22313-1450. DO 3-1450.	J.S.C. 122 and 37 CFR 1 USPTO. Time will vary len, should be sent to the NOT SEND PEES OR C	Ominini Diding	nated to take 12 min Stal case. Any commi , U.S. Patent and Trac THIS ADDRESS. SI	ates to complete, including sents on the amount of tim demark Office, U.S. Depar SND TO: Commissioner for	gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patenis, P.O. Box 1450,	
Under the Paperwork Redu	enon Act of 1995, no pe	errons are required to res	pend to a collection of info	mation unless it disp	lays a valid OMB control r	number.	